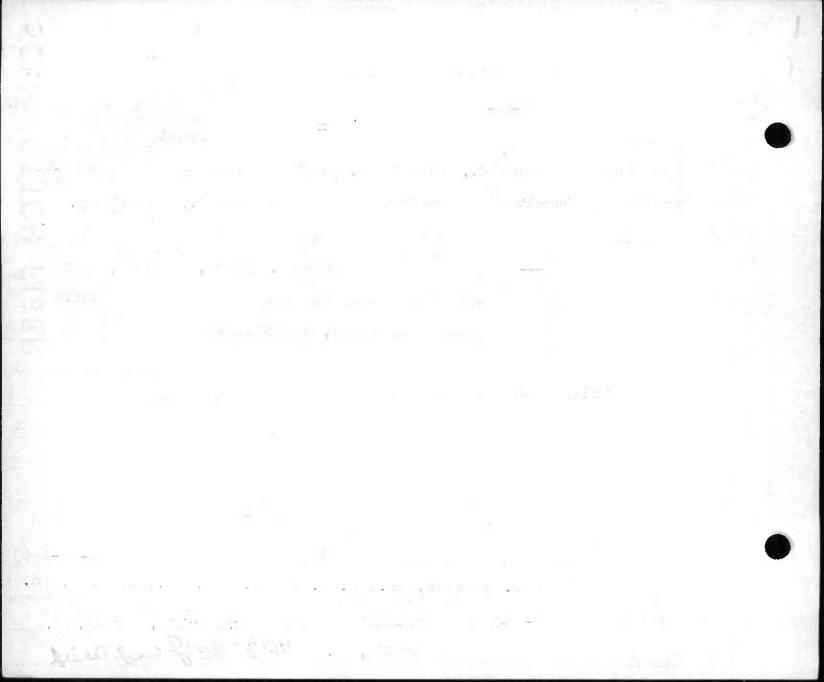
Frostburg Star Rt., National Hgy. (Rural) Formation or designed address OR INDUST Formation of the partition of the p	0	= STATE REGISTRAR		S'S CERTIFICATE OF DE	ATH REG. NO.	, , ,
Sex Crack Shalling Shalli		TYPE OR PRINT)			OF ESTI-	
### PRONOUNCE DATE FOR MACE IN THE PROPERTY OF	i L				DEATH MATED 4	
A. BETHPLACE (STATO P. COUNTY OF DEATH COUNTRY? MARRIED NEVER MARRIED SATINGRECITY OR COUNTY OF DEATH CONCENSION NEVER MARRIED DINORCE SATINGRECITY OR COUNTY OF DEATH CONCENSION (THE OF MICHAELTH, ONE SHEET ADDRESS) TORROW NO OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OF THE INSTITUTION NEVER MARRIED DINORCE TORROW NO OF DEATH TORROW	3 5	EX 4. RACE			. It. DAIL	
MARRIED IX NEVER MARRIED Garrett	-					
Too stourg Star Rt., National Hgy. (Rural) Homemaker OR INDUST OWN HO.		FOREIGN COUNTRY) Maryland				ITY OF DEATH
SUAL BESIDENCE (# IN MUSEUM ON COUNTY OF THE PAST OF			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOI	R MOST OF WORKING LIFE)	OR INDUSTRY
IL FATHER'S NAME	USU 13a.	UAL RESIDENCE (IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 13c. CITY OR TOWN	13d. IHSIDE CITY LIMITS? 13e. ST	REET ADDRESS	215
Charles Ross Rosa Layman Ross Rosa Layman Ross Rosa	- Contract		MIDDLE			LAST
MAS DECEASED EVER IN U.S. ARMED FORCES? 18b. SOCIAL SECURITY NO UNKNOWN 18 YES, ONE WAS COALES! 18b. SOCIAL SECURITY NO UNKNOWN 18 YES, ONE WAS COALES! 18b. SOCIAL SECURITY NO UNKNOWN 18 YES, ONE WAS COALES! 18b. SOCIAL SECURITY NO UNKNOWN 18 YES, ONE WAS COALES! 18b. SOCIAL SECURITY NO UNKNOWN 18b. SOCIAL SECURITY NO UNKN	1		Ross	Rosa	CTTRACTORIA.	Lavman
No	160.	WAS DECEASED EVER IN U.S. ARMI		D. IT. INFORMANT	SADDRESSRoute	
The Cause of Death (Enter only and couse per line for (a), (b), and (c).) PARTIDEATH WAS CAUSED BY: COPONARY EXTERY disease COPONARY EXTERNAL CAUSE (b) COPONARY EXTERY DISEASE COPONARY EXTERNAL CAUSE (c) COPONARY EXTERNAL CAUSE WAS UNDERLYING OR COUNTY C	1		t que mo			
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that track charge of the remains described above, held on death resulted from Notural causes Academt Suicide Homicide Undetermined monner Actual Signature ACTUAL SIGNATURE EXAMINERS NAME James H. Feaster, Jr., Maddress 104 S. 2nd. St., Oakland, 1796 OR PINT) 230 BUNNANE James H. Feaster, Jr., Maddress 104 S. 2nd. St., Oakland, 1986 OF CEMETERY OR CREMATORY 230 BUNNANE JEMATION, REMOVAL 230 DATE 1230 NAME OF CEMETERY OR CREMATORY 1330 BUNNANE JEMATION, REMOVAL 230 DATE 1230 NAME OF CEMETERY OR CREMATORY 1331 LOCATION COUNTY STANDARD	CATION	gove rise to immediate cause (o) stating the <u>under</u> <u>lying cause last.</u> PART 2 DTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART 1 101	.250	20 AUTOPSY?
AT WORK AT WORK 270 I certify that stack charge of the remains described above, held on death resulted trum. Notural causes Acgreent , Suicide , Homicide Undetermined monner . ACTUAL SIGNATURE EXAMINERA NAME James H. Feaster, Jr., Maddress 101 S. 2nd. St., Oakland, 179E OR PINT) 230. BUNAL EMATION, REMOVAL 23b DATE 230. BUNAL EMATION, REMOVAL 23b DATE 230. NAME OF CEMETERY OR CREMATORY 231 LOCATION COUNTY STORY COUNTY STORY	DICAL CERTIF	21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH DAY YEAR EATH P.M. 19		R NATURE OF INJURY IN ITEM 18 PART 1 OR PA	
death resulted from. Notural causes Acordent Suicide Homicide Undetermined monner Actual Signature M.D. DEPUTY MEDICAL EXAMINER SIGNED 4-22- EXAMINERS NAME James H. Feaster, Jr., M. D. D. S. 2nd. St., Oakland, (Type OR PENT) 130. BUNAL, JEMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION CITY OF TOWN COUNTY STATEMENT OF THE COUNTY STAT	ME	WHILE NOT WHILE AT WORK			CITY OR TOWN CO	PINIC
236. BURAL, EMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY		death resulted rame. Notural		Homicide Under Under M.D. DEPUTY MEI	etermined monner	_{ED} 4-22-1
Burial 4-25-1983 Grantsville Cemetery Grantsville, Garrett, Md	NOKE /	EXAMINER NAME TOMAS	H Fasetar Ir	M D TOLLS.	and. St., Uar	T allu I



TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RECULTED CRETIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIEND	6	
EDICAL EXAMINER'S CERTIFICATE OF DEATH	V	250 110

FOR STATE REGISTRAR			STAT EPARTMENT OF H ICAL EXAMINI	HEALTH		ENTAL H		()			0	6	5	4
1. DECEASED NAMI		N	WIDDLE	L.	AST)A.E.O		20 DATE OF		LA	HIMON	DAY	YEAR	26 HOUR
	Eva	Wam	nsley	BUTC	HER			DEATH	MATED		4		1983	10AM
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEAR			IF UNDER		2c. DATE		M	HTMO	DAY	YEAR	2d HOUR
Female	White	June 3, 19		MOITING	DAYS	HOURS	MIN.	DEAL			4	24	1983	1215
70 BIRTHPLACE (S	TATE OR	76. CITIZEN OF WHA		8. MARRIE	D D NE	VER MARRI	IED 🗆	9 BALTIA	AORE CIT	Y OR C	OUNT			
West Vi	rginia	USA		WIDOWE	-	DIVORC	ED 🗆		rret					MD.
10. CITY OR TOWN	OF DEATH		ITAL, NURSING HOME,	OR OTHE	R INSTITU	ION		MOST OF WO		(TYPE OF	WORK		ND OF BU	
0aklaı	nd	Route #1,	Box 209				1	usewi					Home	
USUAL RESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVE R	RESIDENCE BEFORE ADMISSIO		13d. INSIDE CI	ITV LIMITCO		EET ADDR						
Md		arrett	Oakland		YES 🗌	NO 🔀		oute		Box	209		215	50
14. FATHER'S NAME	ž.	MIDDLE	LAST			ER'S MAIDE			MIDDLE				AST	
Jacob			Wamslev			stalin	ne	_					ittle	e
160. WAS DECEASED		MED FORCES?	166. SOCIAL SECURITY	NO. 1	17 INFORA				ADDR	RESS				
No	1117 (11.163, 6116	WAR ON DATES,	213-12-94	90	Mr.	Oscar	B. [Butch	er.	See	#13	ab	ove	
18. CAUSE C	F DEATH (Enter on	nly one couse per line for	or (o), (b), ond (c).)										PROXIMATE VEEN ONSET	E INTERVAL T AND DEATH
PARTIDE	EATH WAS CAUSEI	D BY: TE CAUSE (o)	Coronary	arter	v di	sease						Y	pars	
71	77	DUE TO, OR AS	S A CONSEQUENCE O		3								cur 3	- 1

2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBL	Hypertension	AL GISLASE OR CONGILION GISE	VIN PART I O		
	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?	?	20 A	AUTOPSY?
É					,	YES NO X
247	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCC	PART T OR PART 2)		
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE

Arteriosclerosis, generalized

EXAMINETS NAMED ames H. Feaster, Jr., M. D.

4/27/83

Notural couses

Homicide

ADDRESS 107 S.

MEDICAL EXAMINER

Undetermined monner

DATE SIGNED.

11

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

Conditions, if ony, which

to immediate couse (a) stating the under

Pleasant Valley Cem.

23d LOCATION Oakland Garrett

2nd. St/, Oakland, Md

Maryland

burial 24 FUNERAL DIRECTOR

death resulted

Bradley A. Stewart Oakland, Maryland 21550

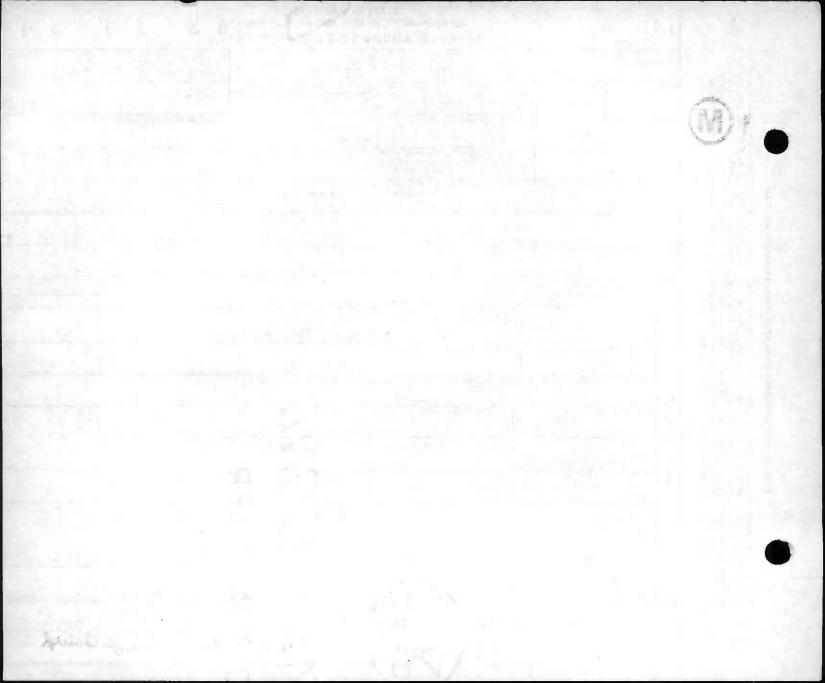
Accident

DUE TO, OR AS A CONSEQUENCE OF

750. DATE REC'D, BY REGISTRAR MAY 3 1983

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

BP_



		FOR
1	-	STATE
		REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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U	0	- 1	U	Q	2	3
	DEC NO					

-1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
ı	1. DECEASED NAME FIRST	MIDDLE	i i	AST	20 DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
ı	Thomas	Henry	DAV	IES	April 21,	1983	1220A M
1	3_SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	White	Oct.	29, 1901 YEAR	81	YRS DATS	HOURS MIN.
	7a BIRTHPLACE + STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR CO		
	Great Britain	USA	MIDOWE		Garrett		MD
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		120 USUAL OCCUPATION		OF BUSINESS OR
5	Oakland	Garrett Cour		ial Hospital	Maintenance		enance
ì	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)			IMATHU	enance
2	Md. Ga		ake Park		1100 Oaklan	d Avenue	21550
	14. FATHER'S NAME	WIDDLE	AST	15 MOTHER'S MAIDEN NA.	ME	LAS	1
2			vies	Margaret		Eva	
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS		
ı	No		20-6565	Mrs. Olwen J	ones, Butler,	Pa.	
1	18 CAUSE OF DEATH (Enter on	ly one couse per line for to	ond (CE)		0		MATE INTERVAL
1	PART I. DE ATH WAS CAUSE	TE CAUSE (o)	encen	ma Rt	Luc	Men	ellas
1	1624	DUE TO, OR AS A CON	REQUENCE OF			- CC	7
1	Conditions, if ony, which	(b) A	1.1000	* Solere	res-	1000	
1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISECUENCE OF				
1	underlying cause last	(6)	45EOOEIACE OI				
1	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTE	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 100	0,
1	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	hatte	an &	a. Rea	elt.		
	190 DATE OF OPERATION	14 CONDITION FOR	WHICH OPERATO	N WAS PERFORMED	200 AUTOPSY? 20h	IF YES, WERE FINDIN	IGS USED
	PIT L	/	0		YES NO	CERTIFYING CAUSES YES	NO []
1		216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	TEM 18 PART T OR PART 2)	
1	OR CONTRIBUTING CAUSE OF DEA	CITY CONTRACTOR OF THE CONTRAC	19				
1	4 IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE
J	WHILE NOT WHILE AT WORK	TAT HOME STREET FACTORY	OFFICE, FARM, ETC.)	SINCEI	CIT OK 10 WI	COUNT	SIAIE
	22a.1 certify that (I) (the xhext)	XX attended the deceased	from	04.30 1968	_, to 2/0/	1. 198	that (I) (XeXlast
	saw the deceased alive an above, (1) (*** (did) *** (b) ******************************	de Cell	_19_0 on	d that in (my) 🗙 🗙) opinion (death accurred on the date of		
1	226 SIGNATURE	1		DEGREE		22c DATE	SIGNED
ı	11/	Mana	1911	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	T 440	1 (00
1	224 PHYSICIAN'S NAME (TYPE O	RPRINT)	- pw		South Third		1/83
	Andrew E. Ma	nce. M.D.			kland, Md.	21550	
1	230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	64.50	
	(SPECIFY) burial	4/23/83			ery Oakland,	Garrett. M	lary Tand
÷		1,,		raire, como	J Janiana,		14. 1

BP.

should be detached for use as the burial-transit permit. Then please remave c with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

IMPORTANT: If Item 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been

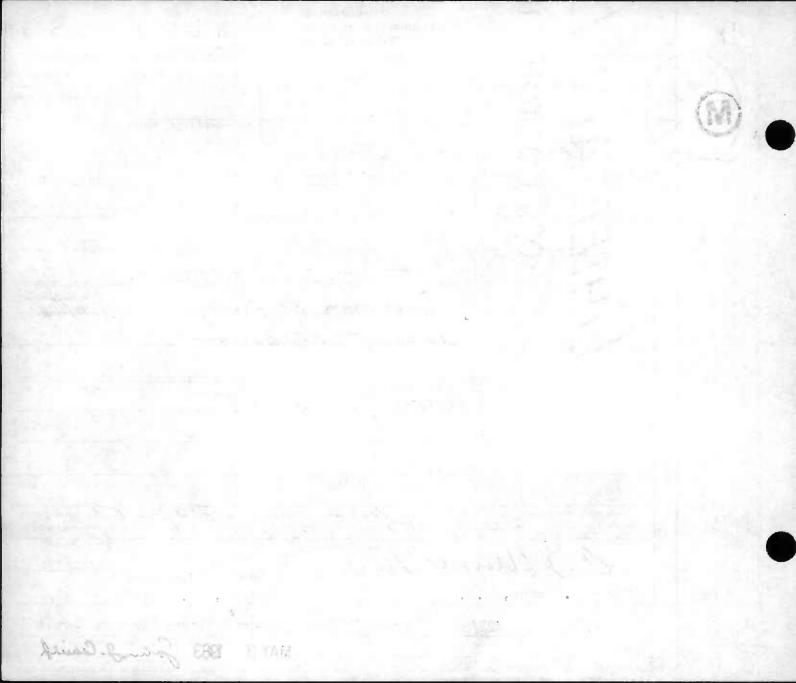
injury, or other trai

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

Bradley A. Stewart

Oakland, Maryland

21550



× .		FOR STATE REGISTRAR CEASED NAME FIRST		MIDOLE	CERTIFICATE OF I	DEATH	REG. N		DAY YEAR	2b
	(TYPE	ORPRINT) NORI			EVAI		APRI		,1983	2
	3. SE	Female	4 RACE Cau	1	5 DATE OF BIRTH 08/10/97	YE AR	AGE (IN YEARS LAST BI		MONTHS DAYS	
M)	7	RTHPLACE (STATE OR FOREIGN COUNTRY) unk	Ţ	WHAT COUNTRY?		MARRIED W	BALTIMORE CITY O		OF DEATH	
40	0a	ty or town of death kland	Dennet	t Road Ma	G HOME OR OTHER INS	Home 1	20 USUAL OCCUPAT TYPE OF WORK FOR MOST UNK		12b. KIND (INDUSTRY	
35	13a S		ME OR OTHER INSTITUTION OUNTY TREET	GIVE RESIDENCE BEFORE 13. CITYOR IOW Oak Land	N 130 INSIDE C		ie STREET ADDRESS Mar	y Dr.	0	110
O xomine	14 FA	THER'S NAME FIRST Wesley	WIDOFE	Smith		s maiden name Rachael	WIOOFE		Mozz	ärt
event, the medicol,		VAS DECEASED EVER IN U.S. (IF YES NO OR UNKNOWN) (IF YES	. ARMED FORCES? 5. GIVE WAR OR OATES)	177 16 5			Manor N.	H., Oa	3 Mary kland,	Dr
no fice		3107	DUE TO, C	OR AS A CONSEQUE	NCE OF				0	
y injury, ar other traumotic	ATION		DUE TO, CO.	OR AS A CONSEQUE	NCE OF DY INCELATED	TO THE TERMIN		IDITION GIVI		Ye
sony injury,	RTIFICATION	gove rise to immediate couse (o), stotling the underlying couse lost PART 2 OTHER SIGNIFICAL Set 2 19a DATE OF OPERATION	DUE TO, C (c) NT CONDITIONS C 196 CONE	OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D	NCE OF DY IN OF RELATED LEATH BUT NOT RELATED LEATH OPERATION WAS PERFO	TO THE TERMIN	AL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YES	WERE FINDI	Ye NGS U
18 shows any injury,	CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAL Sel 2	DUE TO, C C(2) NT CONDITIONS C UPC 196 CONE 196 CONE FDEATH HOUR A	OR AS A CONSEQUE	NCE OF DY IN CEATH BUT NOT RELATED PEATH BUT NOT RELATED PERATION WAS PERFO	TO THE TERMIN	AL DISEASE OR CON	20b. IF YES IN CERTIF YES	WERE FINDI	Ye NGS U S OF D
18 shows any injury,	MEDICAL CERTIFICATION	gove rise to immediate couse (o1) storing the underlying couse lost PART 2 OTHER SIGNIFICAL S L Z 19a DATE OF OPERATION 21a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DUE TO, C (c) NT CONDITIONS C 19b CONE 19b CONE 21b. TIME (DEATH HOUR A AINER) 21e. PLACE	OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO D	NCE OF DY IN COMPANY YEAR 19 216 HOW IN 216 LOCATION	OTO THE TERMIN	AL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES IN CERTIFY YES	WERE FINDI	Ye NGS U S OF D
18 shows any injury,		gove rise to immediate couse (o1). storing the underlying couse lost underlying couse lost of the underlying couse (if either, notify medical example of the underlying course of the un	DUE TO. C (c) NT CONDITIONS C 19b CONE 19b	OR AS A CONSEQUE ONTRIBUTING TO D OTTION FOR WHICH IS OF INJURY OF INJURY (REET, FACTORY, OFFICE, FA	NCE OF DY IN COMPANY YEAR 19 216 HOW IN STREET	DO Brall DO THE TERMIN DORMED JURY OCCURRED DIN 1982	AL DISEASE OR CON 200 AUTOPSY? YES NO O (ENTER NATURE OF INJUR	206. IF YES IN CERTIFY YES JRY IN ITEM 1B PA	WERE FINDING CAUSE: COUNTY	NGS US OF DE
If Hem 21 is marked or Hem 8 shows, any injury, or		gove rise to immediate couse (o): stoting the underlying couse lost part 2 OTHER SIGNIFICAL S L Z 19a DATE OF OPERATION 21a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING OF CONTRIBU	DUE TO. C (c) NT CONDITIONS C U 'C 196 CONE 196 CONE F DEATH HOUR A ANNER) 21e. PLACE 1AT HOME, S1 of office of the dead of the d	OR AS A CONSEQUE ONTRIBUTING TO D OTTION FOR WHICH IS OF INJURY OF INJURY (REET, FACTORY, OFFICE, FA	NCE OF DYGING PEATH BUT NOT RELATED OPERATION WAS PERFO Y YEAR 19 216 HOW IN STREET 3. , and that in (my) DEGREE DEGREE	DO TO THE TERMIN DORMED JURY OCCURRED DIVINO OPINION DE PHYSICIAN	200 AUTOPSY? YES NO O CITY OR TO	20b. IF YES IN CERTIFY YES IN CERTIFY YES ITEM IS PA	WERE FINDING CAUSE: COUNTY	that (
MPORTANT: If them 21 is marked or them 18 show, kany injury, or	MEDICAL	gove rise to immediate couse (o1). storing the underlying couse lost underlying couse lost of the underlying couse (if either, notify medical example of the underlying course of the un	DUE TO, C (c) NT CONDITIONS C U'R 198 CONE 198 CONE	OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO D OTHER OF INJURY OF INJURY REET, FACTORY, OFFICE, FA A M Other deceased from 250 1959 Other death,	NCE OF DY IN COMPANY YEAR 19 216 HOW IN STREET 216 LOCATIC STREET 2170 ADDRESS	DOTO THE TERMIN DOTO THE TERMIN DOTO JURY OCCURRED DON JURY OCCURRED DON ATTENDING PHYSICIAN RIP SELL de V	200 AUTOPSY? YES NO CITY OR IC AMEDICAL STA	20b. IF YES IN CERTIFY YES JRY IN ITEM 1B PA	WERE FINDI YING CAUSE: S COUNTY COUNTY 19 3 ond from the	that (

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		A DOM			
3 - 34	400				Selle VI
. Fig. Direction	250	: 1254 B. RE			F 122

the funeral director, page 3 within 72 hours ofter death

	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	FIENE 8 3	0.	0 6	5	1
		CEASED NAME FIRST PRINTS BESS CO	R		H	enlin	20 DATE OF DEATH	MONTH DAY	83	26. HOU	R SDM
	3 SEX	× FEMALE	4 RACE WHI	TE	S. DATE C		6 AGE (IN YEARS MAIN BIR		UNDER I YEAR	HOURS	24 HRS MIN,
1		RTHPLACE (STATE OR FOREIGN COUNTRY) W.VA.	USA	what country?	MARRIE		9. BALTIMORE CITY O	R COUNTY O	F DEATH		MD.
9	OA	KLAND	COPPET	T/WEEKS"	NURSII	OR OTHER INSTITUTION NG HOME	126 USUAL OCCUPATI		126 KIND C INDUSTRY	F BUSINE	SSOR
) of 	13a. S	AL RESIDENCE (IF NURSING HE STATE MD.	COTHER INSTITUTION	GIVE RESIDENCE BEFOR		134. INSIDE CITY LIMITS?	13e STREET ADDRESS	3 MAIN	ST.	EXT.	2
C	14 FA	THER'S NAME WILLIAM	MIDDLE H.	TAYLOR		15. MOTHER'S MAIDEN NAME ELIZA	WE	ARONH	QLT (AS	1	
1		VAS DECEASED EVER IN U.S	S. ARMED FORCES? ES, GIVE WAR OR DATES)	16b SOCIAL SECU	PRITY NO.	17 INFORMANT BURZA HANLIN	ADDRE 253 MAIN		T. WES	STERN	POR!
		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er anly ane cause per AUSED BY: EDIATE CAUSE (a)	AFI	ardi	of Infant	lan.		APPROX BETWEEN	MATE INTER ONSET AND	VAL DEATH
		Gonditions, if any, which gave rise to immediate	h (b)_	R AS A DONSEQUI	ENCE OF	Anting De	Stase		412		
		underlying cause las	1. (c)	ASCVI	D DF				gn.		
	TION	diabeles	mell	tus		NOT RELATED TO THE TERM					
)	CERTIFICATION	19a. DATE OF OPERATION	1		OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [G CAUSES		H?
7	7	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION MEDICAL EXA	DE DEATH HOUR A.	M. MONTH D	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	I OR PART 2)		
	MEDIC	21d. INJURY OCCURRED	21e. PLACE (AT HOME STI	OF INJURY EET, FACTORY OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	wN	COUNTY	S	TATE

211 LOCATION STREET

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

saw the deceased alive an above. (1)(we) (did) (did not) view the bady after death 22b. SIGNATURE

DEGREE ATTENDING PHYSICIAN

22e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

B.L. GRANT, M?D.

AT WORK

23a. Bl

NOT WHILE

220.1 certify that (1) (this hospital) attended the

OAKLAND, MD.

JRIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY OR CREMA
BURIAL	4/13/83	PHILOS CEMETERY

ATORY

23d LOCATION
CITY OF TOWN
VESTERNPORT

APR 1 3 1983

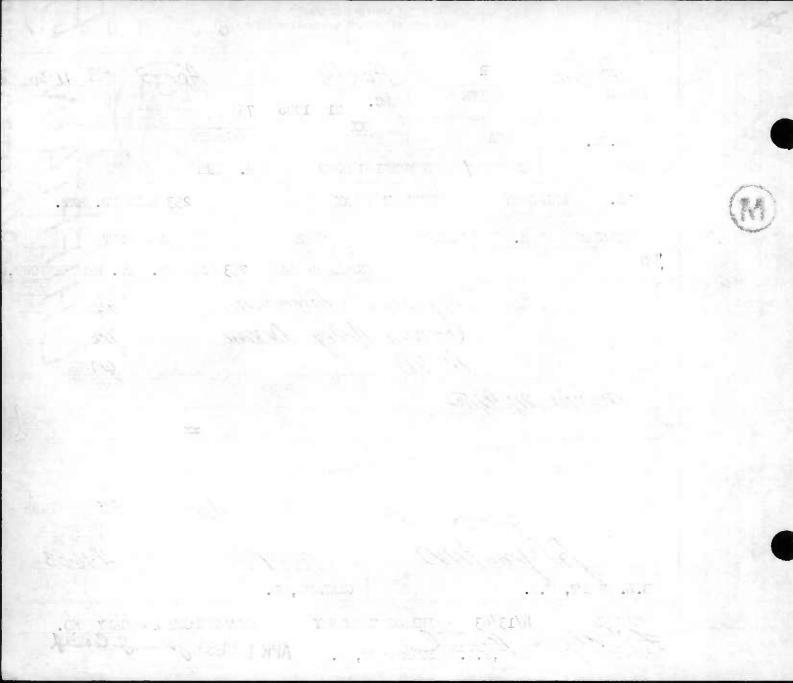
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, th

OR ATTENDING PHYSICIAN: The low

etoined by the hospital or attending physicia

DHMH - 16 50M 1/81 (VRA 15, 4)



23	
in	

and 2

injury, ar other traumatic event,

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been

HOSPITAL OR ATTENDING PHYSICIAN: The

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	3	0	Ó	Ö	3

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.			
	CEASED NAME FIRST	WIDDLE	1	AST	20. DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR	
	Freeman	Lee	HARS	SH	April 3.	198	33	11:37	
3 SE	X 4	RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR		
	Male	White	Jan		71	YRS	AONTHS DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	Y? 8 MARRIE	D MEVER MARRIED	9 BALTIMORE CITY C	RCOUNTY	OF DEATH		
	WV.	USA	WIDOWE	DIVORCED	Garrett				
0	akland		ET ADDRESS)	ospital	120 USUAL OCCUPATION OF COMMON TO THE PROPERTY OF THE PROPERTY	F WORKING LIFE) INDUSTRY	of BUSINESS OR	
130.			WN	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS Rural	G	7446	1	
14. F.	ATHER'S NAME Andrew	Harsh		15. MOTHER'S MAIDEN NAM	Cora		SeÎ	ST	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: RESD		Viola Hars	h Rt. 1,	Auror	BETWEEN	7. 2670 XIMATE INTERVAL LONSET AND DEATH	
	Conditions, if ony, which gove rise to immediate cause lot stating the underlying couse lost	(b) DUE TO, OR AS A CONSEQ	Jeun	ronia			Br	445	
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to</u>	on Contributing to Death but not related to the term		20a AUTOPSY?	20b. IF YES, IN CERTIFY	ITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	YES		NO 🗍	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 19 ZIE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		211 LOCATION STREET	CITY OR TO	CITY OR TOWN		COUNTY STATE	
	22a I certify that (1) (this haspital saw the deceased alive an approximately say (1) (this haspital say)			ele 3, 19 82 and that in my (aur) apinian d	to AM	LC 2		that (we) last	

226. SIGNATURE

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22c DATE SIGNED

MANCE

22e ADDRESS

3 South 3rd Street Oakland,

236 DATE 23a. BURIAL, CREMAT Burial

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CONTROL RESTOR STATE
Horseshoe Run, WV.

21550

24 FUNERAL DIRECTOR

Hinkle Funeral Home Davis, WV.

Apr.6,1983

Accident Cemetery

DHMH - 16 50M 1/81 (VRA 15, 4)

12:57 1983 12:57 TOTAL TOTAL SECTION OF printed to the fact of the following the fact of the f is the total . . terming today Gorn Cull Dariel gr.s, 1955 Actident Transfer Moraeugu Fun, Linkly support done baris, " . APR 1 3 1883 & Comp. Kantha

(VR A15 ME (5)) 20M 4/82

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THE ACCUSAGE OF THE PRESENT PARTIES. IN CO. LEWIS CO.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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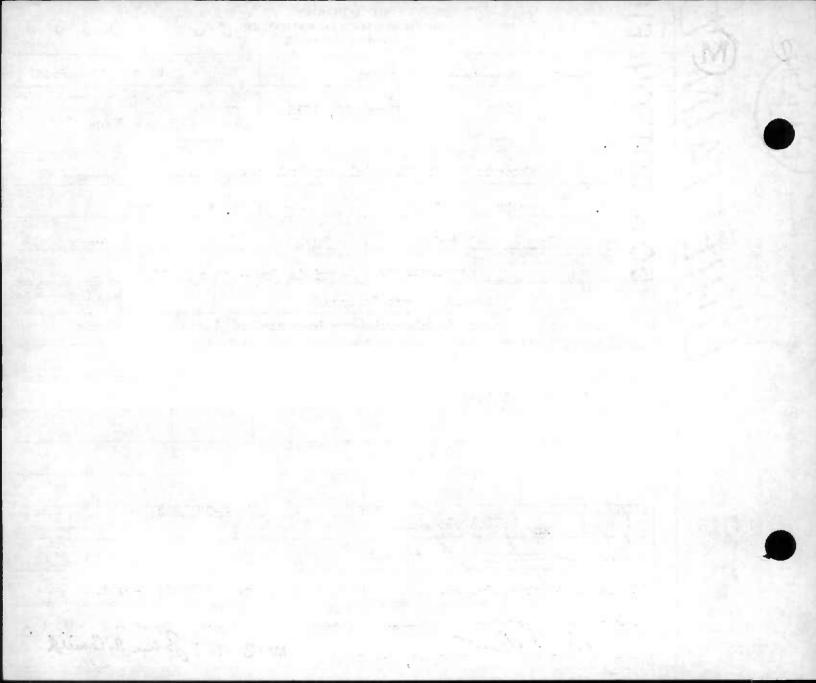
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I. DECE

TO FUNERAL DI thould be detect with the State De MPOSTANT, # 1 DHMH - 16 50M 1/81 (VRA 15, 4)

Durst Funeral Home

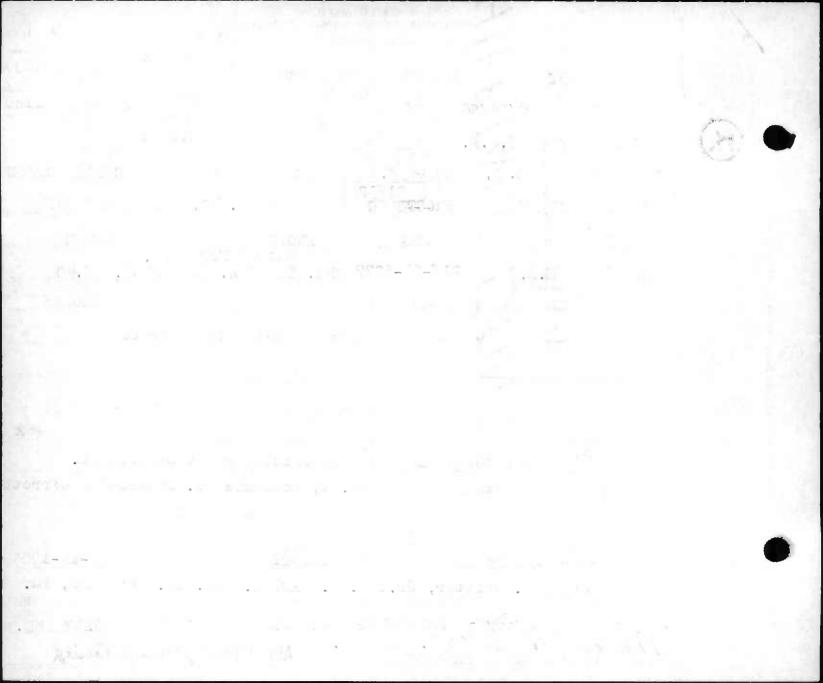
-	T. DECEASED NAME FIRST		MIDDLE	LAST	REG. I						
1	1. DECEASED NAME FIRST		WIDDLE	LASI	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR			
1	Farol	Genev:	ieve JONE	ES		4	29 83	6:30P			
1	1.5EX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS			
ı	Female	White	Marc	h 20, 1915	68	YRS	MONTHS DAYS	HOURS MIN.			
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8		9 BALTIMORE CITY		TY OF DEATH				
	W. Va.	USA	WIDOW	D NEVER MARRIED	Garrett						
	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME		120 USUAL OCCUPAT		12b. KIND O	E BLISINIESS OF			
7	Oakland	Garrett	County Memori	ial Hospital	Store Owne	OF WORKING					
Ţ	SUAL RESIDENCE (IF NURSING HOME					-	0/	1770			
7		arrett	Oakland	13d INSIDE CITY LIMITS?	Rt. 4	30x 22	20 0	200			
7	14 FATHER'S NAME			15 MOTHER'S MAIDEN NA							
Л	Transaction CTI.	WIDDLE	TATO TO THE OF	FIRST	MIDDLE		LAST				
Н	Henry CL:		Watring 166. SOCIAL SECURITY NO.	Ruth	ADDR	ESS	Fres	<u>a</u>			
1		GIVE WAR OR DATES)									
1	710		232-22-7904	Patricia Ga	y - same as	1.3					
١	PART I. DEATH WAS CAU	anly one cause per SED BY: Ch IATE CAUSE (0)	ronic heart fa	ailure			Month	MATE INTERVAL ONSET AND DEATH			
1	4272 mmc		teniosederotic	andio-wason	ılan disəns	_	Years				
1	Conditions, if ony, which	((b)	CENTORETIER OF	Cardio-vasco	rrar grseas	3	rears				
1	gave rise to immediate cause (a), stating the	3	DAS A CONSTRUCTION								
ı	underlying cause last.										
1	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION G	IVEN IN PART 1/0				
		s Mellit			THE BIOLAGE ON CO.		THE CONTRACT TO				
7	Diabete 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDIN				
	E .				YES NOT		IFYING CAUSES	OF DEATH?			
5	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR							
	OR COMPRISION COMPANY	ALAIN	M. MONTH DAY YEAR								
1	(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE	M. 19	21f. LOCATION							
1	NOI WHILE		REET, FACTORY OFFICE, FARM ETC.)	STREET	· CITY OR TO)WN	COUNTY	STATE			
1	AT WORK		100	950	to 4-29-1	002		V			
1	77 I dentify that (I) (this has	1. 00	2000	nd that in (my) (ob) opinion				that (1) (we) last			
1	in with deceased alive to the deceased alive	View the bady	after deathy		deall occurred an the o	are and no					
1	1 / X		- A 4. 1	DEGREE ATTENDING -	- MEDICAL STA	FF	4-29-				
4	July 1			ATTENDING PHYSICIAN	MEDICAL STA	CIAN	4-29-	Tag2			
7	72d. PHYSICIAN'S NAME (TYP		M P	22e ADDRESS	0.1.3	7 24					
S	James H. Fea		., M. D.	107 S. 2nd.	St., Uakla	nd, Ma	aryland				
	23a BURIAL CREMATION, REMOVA	AL 73% DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE			
	Burial	5/2/83	Aurora	Cemetery	Aurora	Pres	ston	W. Va.			
	24 FUNERAL DIRECTO	Maxim	ADDRESS	250 DAT	Y 3 1983	Wigis	STRAIN SIGNATU	BELL			
1	Durst Fineral	Home		WIAM Puells	1 0 1200		-0				

Oakland, Maryland



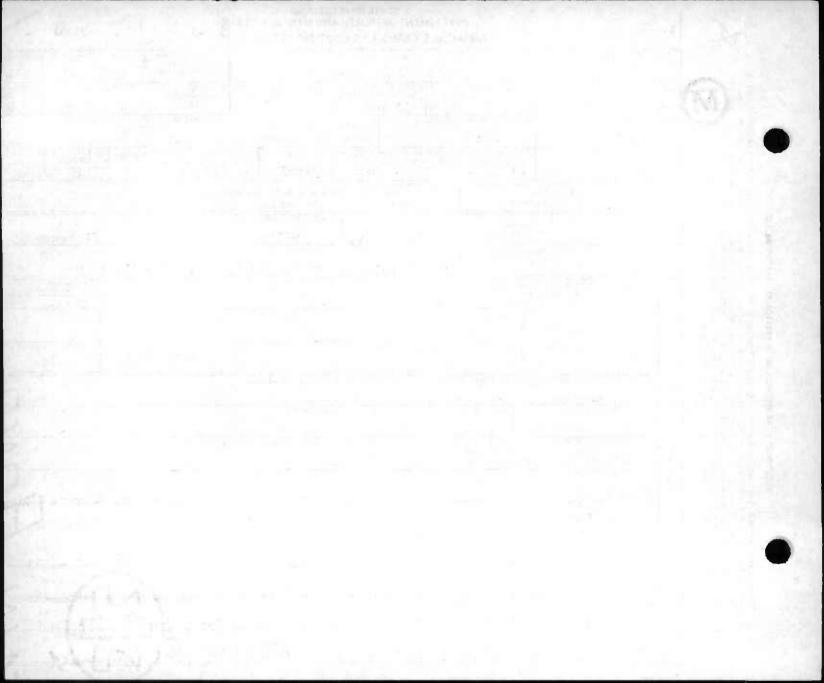
15M 2/80

STATE OF MARYLAND



20M 4/82

STATE OF MARYLAND



T - FOR STATE REGISTRAR

STATE OF MARIENTE	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	V

IENE O REG. NO.	6	6	3
OF ESTI- DEATH MATED 4	19	1900	26 HOUR
PRONOUNCED A	19	183	7:08
Garrett USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) team Tender	12b KII	ND OF BU	
STREET ADDRESS Route #5, Box 28			550)
AME MIDOLE ADDRESS		oung	
yer, See #13 abov	/e		
	BETV	PPROXIMAT VEEN ONSE Udde	T AND OF ATH
lar Disease	U	nkno	wn
p.		_	

		OR PRINT)	eonard	Chris	stopher	Mos	rer		OF ESTI- DEATH MATED	$\wedge \wedge$	19 ,83	6:00 M
3	3. SEX	ale	4. RACE White	S. DATE OF BIRTH	YEAR LAST BIRTHE			NDER 24 HR	PRONOUNCED DEAD	4 ·	19 ₁₈ 83	7:08
	70. BIRT	THPLACE (ST	ATE OR	76. CITIZEN OF WH		18	IED NEVER A	AARRIED [9. BALTIMORE CITY		Y OF DEATH	MD.
0	0	akland		Route #5	ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) BOX 285 E RESIDENCE BEFORE ADMISS)	er institution	F	usual occupation (or most of working life) team Tender		or indust	
5	13a. ST A	Md Md	13b COUNT		13c. CITY OR TOWN Oakland	SION)			Route #5,	Box 285	5 (21	550)
0	(1	JNKNOW	n) -	MIDDLE	Moyer 166 SOCIAL SECURI	ITV NO	15. MOTHER'S A FIRST Ne 1	ie	ME MIDOLE ADDRE	325	Young	
	(YES,	NO, OR UNKNO	(IF YES, GIVE		213-07-56				ver, See #1		9	MA
		Condition gave ris couse (o) lying cau	ATH WAS CAUSED AMMEDIAT As, if any, which be to immediate stoting the under- se last.	E CAUSE (o) 1S DUE TO, OR A (b) AY DUE TO, OR A	SCHEMIC HEA	of rotic	Cardio-		lar Disease		APPROXIMATI BETWEEN ONSE Sudde: Unknow	1 AND OEATH
en de	0		OPERATION		ON FOR WHICH OPE						20 AUTOPSY	? NO Y
3	DICAL	INDERLYING CONTRIBUTION	NG CAUSE OF D	P.M. 21e PLACE O	INJURY MONTH DAY YEA 19 FINJURY (ATHOME, DRY, FARM, ETC.)	21f. LC	OW INJURY OCC	URRED IEN	ter nature of injury in item	T8 PART I OR PAR		STATE
7		270. I certify that I took charge of the remains described obave, held an Autopsy Inspection Inquiry and in my opinion deoth resulted team: Notural couses Accident Suicide Hamicide Undetermined manner										
do	23a BUI	RIAL, CREMA	TION, REMOVAL 2:		ghton, M.[23c NAME OF CE Bray Ce	EMETERY C	R CREMATORY	23d	th Sts.,0ak LOCATION akland, Gar	COUN	TY S'	TATE

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1983

Oakland, Maryland

DHMH - 17

(VR A15 ME (5) 20M 4/82

Bradley A. Stewart

Lucia Consul

Lad mid Lant Warnse

Mak 7 Std. Std., std. std. f. dail

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1-	FOR STATE REGISTRAR			STATE STATE OF IT	HEALTH		FDEAT	H 3 REG. NO		6	6	4
	CEASED NAM			WIDDIE		LAST	20.	DATE KNOWN X			YEAR	76 HOUR
		Calvi		S.		ritts		DEATH MATED	4	29	,83	725A
3. SE.	x Male	White	5. DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHDA	MONT	DER 1 YR. IF UNDER		DATE ONOUNCED DEAD	4 4	29	,83	2d. HOUR 830A
FC	IRTHPLACE (5 OREIGN COUNTRY) Marylan	d	76. CITIZEN OF WH		WIDOW		ED X	BALTIMORE CITY OF	-			MD
0	Oakland	1	Dennett	PITAL, NURSING HOME HLITY, GIVE STREET ADDRESS) Road Manor	Nur		FOR MOST	OCCUPATION (TYPE IT OF WORKING LIFE)	OF WORK	OI	IND OF BUR INDUST	RY
	AL RESIDENCE STATE Md.	(IF IN NURSING HOME OF COUNT	Υ	Bloomingt		13d. INSIDE CITY LIMITS? YES X NO	13e. STREET	BRAUC h	1	96	215	253
0	ATHER'S NAME	em .	MIDDLE	last Pritt			ean	WIDDLE			iller	
16a. \	WAS DECEASE YES NO, OR UNKNO YES	DEVER IN U.S. ARA	AED FORCES? VAR OR DATES) I Navy	218-12-5	932	Mrs. Jear	n Bush	address Bloom:	ingt	on,	Md.	
ATION	gave ricause (a) lying cau PART 2 OTNER SI Diabet	GNIFICANT CONDITIONS	(b) Art DUE TO, OR A (c) CONTRIBUTING TO DEATH B CUS; Menta	AS A CONSEQUENCE CERIOSCIEROS AS A CONSEQUENCE CO UT NOT RELATED TO THE TERM I Retardat: ION FOR WHICH OPER	SIS, DF INAL DISEAS	E OR CONDITION GIVEN IN PAR Simple Sch	RT I ia	renia			AUTOPSY	?
CERTIFICATION		AL CAUSE WAS	21b. TIME OF HOUR A.M.			OW INJURY OCCURRES	D (ENTER NATU	URE OF INJURY IN ITEM 18 P.	ART 1 OR PA		YES 🗆	NO 🔀
MEDICAL	TUNDEDIVING LOS HOUR A.M. MONTH DAT TEAK								YTMUC		STATE	
2	death result	NAME James	al causes ,	Accident Sui		Hamicide TITLE (SPECIFY) A.D. DEPUTY	UndetermMEDICA	Inquiry , and and manner , and the standard manner , and the standard manner . The standard manner is a standard manner . The standard manner is a standard		ED4-	29 - 19	
(Buri		5-2 -83	Blooming		cemetery		mington	-	nty rett	M	d.
	UNERALDIREC		ck Piedmo	ont, WV.		25a DAJER		GISTRAR 178. REGIS	TRAR'S	Can	ulf	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	+	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	,

4.7

		OR PRINTI	IRST	WIDDIE		AST LEDADOED	REG. NO 20. DATE OF DEATH M		YEAR	26. HOUR
	2.05		Warren	Leroy		LEBARGER	April 23,			1940P
72	3 SE	Male		White	S. DATE C	4, 1933 YEAR	49	YRS.	INDER I YEAR	HOURS M
1	7a. B	RTHPLACE (STATE OR FORE COUNTRY) Ohio	IGN 76 CIT	IZEN OF WHAT COUNTS	RY? 8. MARRIEI WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY <u>OR</u> Garrett	COUNTY OF	DEATH	
105	1	ITY OR TOWN OF DEATH akland	(IF	AME OF HOSPITAL, NUR NOT IN SUCH FACILITY, GIVE STR	SING HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Radio Annou	N WORKING LIFE)	126. KIND OF INDUSTRY AM R	adio :
35	IIISU.	AL RESIDENCE (IF NURSING		NSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 1205 Yough		2	221
10	14. FA	ATHER'S NAME FIRST Warren	WIDDIE	Riddleba		15. MOTHER'S MAIDEN NAM		rrogner	Rawl	
7		VAS DECEASED EVER IN	U.S. ARMED FO IF YES, GIVE WAR OF Korean	DRCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT Mrs. Debra M	ADDRESS			
_	1	Conditions, if any, wl	liote		-	- V - V				*
	NOI	couse to , stoting underlying couse t	lost.	UE TO, OR AS A CONSEC (c)TIONS CONTRIBUTING T		NOT RELATED TO THE TERM	in al disease or condi	TION GIVEN	IN PART 11D	
2 allows on allows, or allows	TIFICATION	couse to , stoting underlying couse t	ICANT CONDIT	(c)	TO DEATH BUT		20a AUTOPSY?	TION GIVEN 20b. IF YES, W IN CERTIFYIN YES	ERE FINDIN	
4	ICAL CERTIFICATION	couse to, stoting underlying cause I PART 2 OTHER SIGNIFI 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE	IDST. ICANT CONDIT N 191 YING 211 SE OF DEATH EXAMINER)	(c)	TO DEATH BUT	N WAS PERFORMED 21c. HOW INJURY OCCURR	20a AUTOPSY? YES NO X	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	OF DEATH?
rked or Item 18 shaws any injury, ar ather t	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFI 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	CANT CONDIT	(c)	CH OPERATION DAY YEAR	n was performed	20a AUTOPSY? YES NO X	20b. IF YES, W IN CERTIFYIN YES [IN ITEM 18 PART I	ERE FINDING CAUSES	OF DEATH?
n 21 is marked ar Hem 18 shaws any injury, ar ather t		COUSE TO , STOTING UNDERLYING COUSE TO PART 2 OTHER SIGNIFIED TO PERATION OF CONTRIBUTING CAUSE (IF EITHER NOTHER MAT WORK 2016 CERTIFY THAT COURS AT WORK 220 1 certify that (1) Why saw the decessed cobove, (1) was (did)	VING 216 SEOFDEATH FEXAMINER) 216 (AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(c) TIONS CONTRIBUTING TO CONDITION FOR WHI b. TIME OF INJURY HOUR A.M. MONTH P.M. c. PLACE OF INJURY THOME STREET, FACTORY OFFICE	DAY YEAR 19 CE FARM ETC)	21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 3 1d that in (my) XXX) Opinion of	200 AUTOPSY? YES NO X ED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WIN CERTIFYIN YES TIN ITEM 18 PART I	CERE FINDING CAUSES (OF DEATH? NO STATE
If Nem 21 is marked or Item 18 shaws		COUSE TO , STOTING UNDERLYING COUSE TO PART 2 OTHER SIGNIFIED TO PERATION TO P	VING 211 (A	(c) TIONS CONTRIBUTING TO CONDITION FOR WHI b. TIME OF INJURY HOUR A.M. MONTH P.M. c. PLACE OF INJURY THOME STREET, FACTORY OFFICE	DAY YEAR 19 CE FARM ETC)	216. HOW INJURY OCCURR 216. LOCATION 126. LOCATION 127. 19. 83 128. 19. 83 139. 199. 199. 199. 199. 199. 199. 199.	200 AUTOPSY? YES NO X ED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WIN CERTIFYIN YES [IN ITEM 18 PART I	CERE FINDING CAUSES (STATE
Shows		COUSE TO , STOTING UNDERLYING COUSE TO PART 2 OTHER SIGNIFIED OF OPERATION OF CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E TWORK NOT WHILE AT WORK NOT WHILE ODD VE, (I) MAY (did 22b. SIGNATURE) 22d. PHYSICIAN'S LIMBER 122d. PHYSICIAN'S LIMBER	VING 216 SEOFDEATH FEXAMINER) 216 (AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	tions Contributing to Condition for which the Condition for which the Condition for which the Condition for which the Condition for the Co	DAY YEAR 19 CE FARM ETC)	21c. HOW INJURY OCCURR 21f. LOCATION SIREET 1983 and that in (my) XX Depinion of Physician Physician 22e. ADDRESS	YES NO X YES NO X ED (ENTER NATURE OF INJURY) CITY OR TOWN Leath Documed on the date	20b. IF YES, WIN CERTIFYIN YES [IN ITEM 18 PART I	COUNTY COUNTY 22c. DATES 4/25	STATE

dering the first seem of the f



MAY 3 BW Johnson Comment

merry durector, page 3

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	,								
3	1	0	0	6	6				
REG. NO.									

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE	Robert	Chris	topher	SCHWI	ING	April 1, 1	.983		9:10pm
3 SE	x	4 RACE	THE RESERVE	5. DATE		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	
1	Male	Whi	te	Nov	. 29, 1966	16	YRS	MONTHS DAYS	HOURS MIN
7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	Pennsylvania	USA		WIDOWI		Garrett C	County	,	MD.
	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
200	Accident	Route 2	Box 38	, Cov		Student)F WORKING LIFE	High	School
13a S	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION UNTY	GIVE RESIDENCE BEFORE	ADMISSION)	1136 INSIDE CITY LIMITS?	13e. STREET ADDRESS		21	.520
		rett	Accide	nt.	YES NO	Route 2,	Box 38	3. Cove	Rd.
14 FA	ATHER'S NAME Melvin	MIDDLE R.	Schwing		Sally	MIDDLE A		Carr	
	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	Rôut	€ 2, E	30x 38	
	No .		218-60-1	408	Melvin R. Sc	hwing, Acci	dent,	Md. 21	520
	18 CAUSE OF DEATH Enter	only one couse per	line for (o), b, and	d c	7	,		BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Medullary failure							5 mi	inutes
	1915 DUE TO, OR AS A GONSEOUENCE OF								1889, 168
	Conditions, if ony, which	((b)	Herri	ation	1 of Grange	stem		5 mi	Nutes
	gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF	U	1		,	
	underlying couse lost (malignant Charaid plexus Turner 16 month								months
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
TIE	2/2/82	12/82 malignant Charaid Plety Tumon VES D NOB						YING CAUSES S	NO [
1 8	210. ACCIDENT WAS UNDERLYING	The same of the sa							
N N	OR CONTRIBUTING CAUSE OF D	ALMIN	M. MORTH DE	19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	. 0 57.5 3	211 LOCATION	CITY OR TO	STATE		
2	AT WORK NOT WHILE AT WORK	(AT HOME, SIT	REET, FACTORY, OFFICE, F	ARM, EIC.J	,	1 1	***	COUNTY	STATE
	220.1 certify that (I) (this book			3/22	173 . 19		3	19,	that (I) (we) last
	sow the deceased alive of obove, (1) (we) (did) (did)		after death.		nd that in (my) (acc) opinion	death occurred on the d	ote and hour	and from the	couses stated
	22b. SIGNATURE	1			DEGREE		4370	22c. DATE	SIGNED
	Socret al	ATTENDING MEDICAL S PHYSICIAN DIRECTOR PHY						4/2	2/83
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		1 6	22e ADDRESS	1 /)		
	GRANT F	ttwell	I D.	0.	Salisi	byry, M	21 1	5558	
23 a E	BURIAL, CREMATION, REMOVA	AL 23b. DATE			CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	Burial	Apr.4	1983 St.	. Joh	n's Luth. Cem	Accident	Garr	cett. M	d
24 FL	UNERAL DIRECTOR				250 DA	TE REC'D. BY REGISTRAR	25b. REGISTI	RAR'S SIGNAT	URE
1	of angle.	umau	/ Grants	ville	, Md. A	PR7 1983	10-le	ng G	ehreld

BP. DHMH - 16 60M 1/75

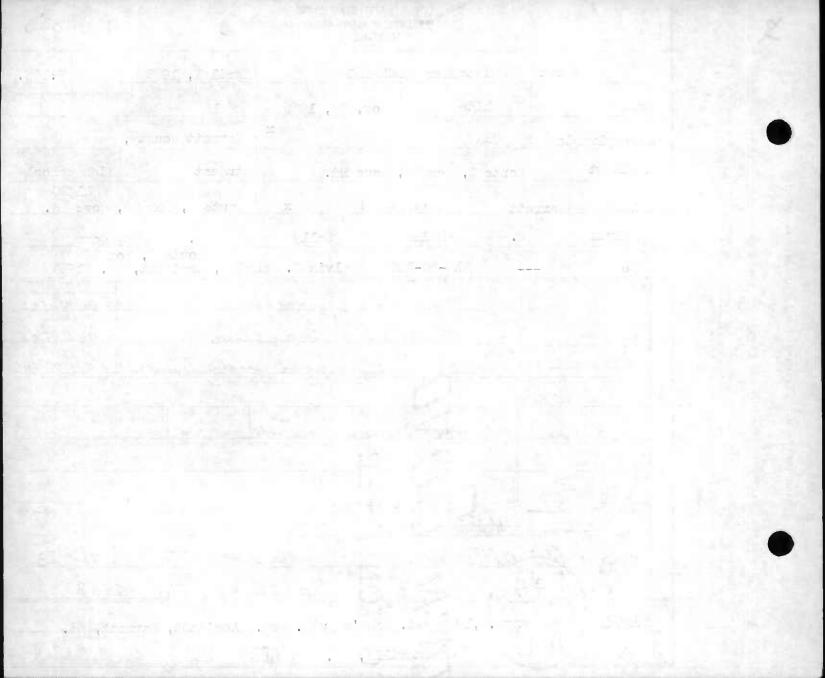
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending intrumin and complete should be detached for use as the burnal-transit permit. Then please remove corban papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removant

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death

retained by the haspital ar attending physician.

IMPORTANT: If them 21 is marked or them 28 shows any injury, ar other traumatic

(VR A 15 (4))



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	1 0 0 0 /
DECEASED NAME	FIRST	WIDDLE	E.	AST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
Ma	ry R	oseann	Sh	ank	April	25 198 3 5:30 g
SEX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST B	
Female	Wji	te	Feb		78	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OF	FOREIGN 76 CITIZEN OF	WHAT COUNTRY?	8			OR COUNTY OF DEATH
M. Va.	USA		WIDOWE	D NEVER MARRIED DIVORCED	Garret	et Co.
CITY OR TOWN OF DEA	ATH 11. NAME OF		IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	TION 12b. KIND OF BUSINESS C
Makland	Garro		Mem.	Hosp	Housewi	
SUAL RESIDENCE (IF NURS STATE Md.	ING HOME OR OTHER INSTITUTION 13% COUNTY Garrett	13c. CITY OR TOW Kitzmi	/N _	13d: INSIDE CITY LIMITS?	13e. STREET ADDRESS	21538
FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		1457
Denton	Jaques	Butts		Sarah	Jane	Adams
	IN U.S. ARMED FORCES?	16b SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDF	RESS
(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	215 42	4699	Mrs. Earle	ne Evans	Kitzmiller, Md
gove rise to improve (a), stotic underlying couse PART 2 OTHER SIGN	PART 2 OTHER SIGNIFICANT CONDITIONS CO			NOT RELATED TO THE TERM WASVERFORMED	AINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO BY} \)	NDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED 1'N CERTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH CAL EXAMINER) RED 21e. PLACI	OF INJURY M. MONTH D. M. OF INJURY TREET, FACTORY, OFFICE, F	19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	iury in item 18. part : Or part 2} TOWN COUNTY STATE
22a.1 certify that (1) saw the deceos obave, (1) (we) (c) 22b. SIGNATURE	(this haspital) attended ed alive an did) (did not) view the bod	apr 19	0 3	DEGREE ATTENDING PHYSICIAN		that (I) (we) loose ond haur and from the causes stated 22c. DATE SIGNED AFF ICIAN
221 DHACKENEY NE FT				22e ADDRESS		
22d. PHYSICIAN'S N					nd Md 215	50
A.E. Mance	е	22.	NAME OF C		nd, Md. 215	50

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and committee further in the should be detached for use as the buriol-transit permit. Then please remove carbon poper is point. I amd 2 should be tilled with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate

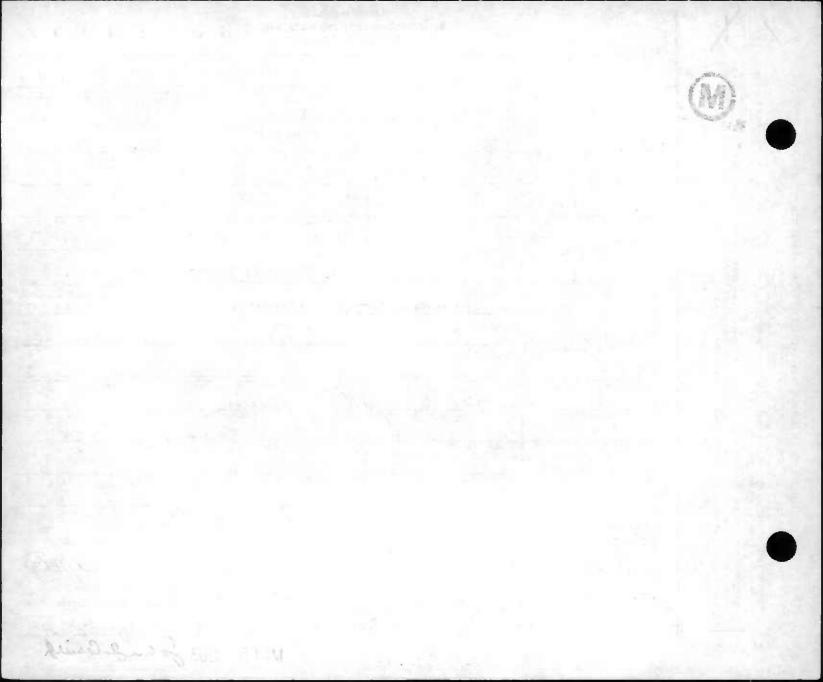
retained by the haspital ar attending physician.

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at other traumatic event, the medical ex

24 FUNERAL DIRECTOR
NAME
David A. DHMH - 16 50M 1/81 (VRA 15, 4)

Burdock Kitzmiller, Md 21538

Flk Garden Mineral W. Va 250. DATE REC'D. BY REGISTRAR TO REGISTRAR'S GRATURE MAY 5 1983



)	DELAY IS NECESSA	N PACE FOR Y	DESCRIPTION THIS	DO 201	A
N ST., BALTIMORE, MD. 21201	HOURS AFTER DEATH IF ANY	ING WITH FORM PM 3. RETAIL	ERMIT. PAGES 1 AND 2 SHOULD	ENE, DIVISION OF VITAL FEOOR	AL.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	HOULD BE EXECUTED WITHIN 24	HIEF MEDICAL EXAMINER ALO	USED AS A BURIAL - TRANSIT PE	OF HEALTH AND MENTAL HYGII	IRIAI CREMATION OR REMOVA
DIVISION OF VI	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY OF THE PROPERTY OF THE PROPERT	PAGE 4 SHOULD BE FORWARDED TO THE WORK FEMENTS. IN FEMEL IN III IN 18 YEAR PAGE 19 THE WARD THE WORK TO THE WORK T	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BY ARD THINK	WITH THE STATE DEPARTMENT	BALTIMORE MARYLAND, 21201 PRIOR TO BERIAL, CREMATION, OR REMOVAL.
	TO MEDICAL	PAGE 4 SHOU	TO FUNERAL	AFTER DEATH,	RAITIMORF A

	500				-	NED A DEA			MARYLA		UVCIEN	ir .			44	1	,	1734
1-	FOR STATE REGISTRAR								H AND M		- 1	•	5 R	EG. NO	0	1 6	6	8
	CEASED NA	ME	FIRST			WIDDLE			LAST				E KNO	WN A	монтн		YEAR	2b. HOU
{ TYI	PE OR PRINT)	M	elvin		(N	(IN		SHRI	EVE			DEA	EST TH MAT	ED 🗆	4	18	83	8:15
1. SE	X	4. RAC	E	5. DATE C	F BIRTH	YEAR	6. AGE (IN	EARS IF L	NDER 1 YR.	IF UNDE			ATE DUNCED		MONTH	DAY	YEAR	2d HOU
Ma	le	Wh	ite	June		1900		rRS.	THS DAYS	HOURS	MIN	DE	AD		4	18	83	9:15
70. B	IRTHPLACE DREIGN COUNTR	(STATE OR				IAT COUN	TRY?	8 MAR	RIED X N	EVER MARI	RIED 🗌		imore arre		COUN	NTY OF D	HTASC	4-27
	W. Va.				USA			WIDO		DIVOR						Essa PR	UD OF B	M
17	On 1-7 on		TH	(IF NOT	IN SUCH FA	CILITY, GIVE ST	REET ADDRESS		HER INSTITU	JTION	FOR	MOST OF	CUPATIC		OF WORK	OR	ND OF BURNEY	IRY
100	Oaklar AL RESIDENC		RSING HOME O			BOX 2		SION)			Little	ore:	I.			111111	ber	
13e. S	MC	1.	136 COUN			13c. CITY	or town		YES 🗌	CITY LIMITS?	R	t. 2		x 24	0	MI.	50	0
4. E.	ATHER'S NA			MIDDLE			AST		1 _	IER'S MAID FIRST	ENNAM	E	MIDDLE	HT	-	1_=	LAST	
	Salen					Shre	VE	7/1/0	RO.				AP	DRESS	Arme	entr	out	
	ES, NO, OR UNK		(IF YES, GIVE			1.00					4 - T	Cla					10	
-	NO 18 CAUSE	OFDEAT	M /E-AI		P		-74-8	139	IMPS.	Grac	1e E	Sn	reve	- 2	ame		PPROXIMAT	EINTERVAL
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: Coronary artery disease										Years		T AND DEATH					
	41	149	IMMEDIAT	E CAUSE (11		
	Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis, generalized (b)																	
	cause (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF lying cause last.																	
7	PART 2 OTHE	R SIGNIFICAN	T CONDITIONS (CONTRIBUTING	TO GEATH	BUT NOT RELA	TEO TO THE TE	MINAL OISE	ASE OR CONDITI	ON GIVEN IN P	ART 1 to							
TIO	19g DATE	OF OPERA	TION	Tion	CONDI	ION FOR V	VHICH OP	PATION	WAS PERFO	PAAED?						20 AUTOPSY?		
FIC	THE BATE	01 01 2117	.,,,,,,	1.70	CONDI	IOITT OK I	THE TOTAL		WAS I ERRO	MALD.							YES	NO X
ERT	21a. EXTER	NAL CAU	SE WAS		TIME OF			21c.	HOW INJUR	Y OCCURR	ED IENTER	NATURE O	F INJURY IN	ITEM 18 P	ART I OR P		TES .	NO IA
ALC	UNDERLYI	NG	OR CAUSE OF D		DUR A.M P.M	. MONTH	DAY YE	AR										
MEDICAL CERTIFICATION	21d INJUR WHILE AT WORK		WHILE			OF INJURY ORY, FARM, ET		21f. L	OCATION STREET			CITY OF	RTOWN		CC	OUNTY		STATE
			/	e of the rer	mains des	cribed aba	ve. held/on	2 Auto	vzqı	Inspecti	an X	lnau	irv X	and	d in my a	apinian		
		22a certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner																
	ACTUAL DEPUTY DEPUTY									4-18	3_196	33						
	SIGNATUI	ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER SIGNED DATE 1-18-1983										,0						
1	EXAMINER (TYPE OR F	PRINT)	James		east				ADDRESS					akl	and,	_Md.		
23a.E	SPECIFY	_	EMOVAL 2	The second					OR CREMAT		CITY	OCATIO Y OR TOWN				YTAU		TATE
24. F	Buria	The second second	2	4/21	/83	1	Jak G	rove	Cemet	erv 125g, DATE		iral Y REGIS		KLar	ICL GE	arre	tt TURE	Md.
	Durst	10	ral H	ome.	Adulat	aklan	A Mo	rylar	5.4	ΔPI	R 2 2		3 1/2	a.a.	3	Car	:16	
	- CLIST	I dile.	_ CC 11(AIIC .		MIAIR	IVIA.	ATAL	iu	1 (1)	, 2 2	100			-0.			

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ATTENDING PHYSICIAN, The low

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se remove corbonadem. Pages

	1.	FOR			DEPART		OF MARYL	AND MENTAL HYG	IENE 8 3		0 6	6 9
	1	REGISTRAR					CATE OF			G. NO.		
		CEASED NAME OR PRINT)	FIRST 2 ta		ilton	51	aub	rugh	20 DATE OF DEA		1983	26. HOUR 9:57 PM
4	1.5E	Male	4. RA	Couc		5. DATE O		1886	6 AGE (IN YEARS L	AST BIRTHDAY) YRS.	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
04		RTHPLACE (STATE OR F	OREIGN 76 CIT	IZEN OF W	HAT COUNTRY?	8 MARRIEI	□ NEVER	MARRIED -	9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
70		est VILGII		U >	SPITAL, NURSIN	WIDOWE	R OTHER INS	VORCED	G &	rrett	101 1/10 0	MD.
5	Vo	klaud M	0 /60	V P P +	County	ADDRESS)	world/	Hospital	(TYPE OF WORK FOR A Farme	OST OF WORKING LIF	E) INDUSTRY	ming
3	13a. S	AL RESIDENCE (IF NURS	Presto	nstitution, Gi	Eglon	E ADMISSION)	13d INSIDE (NO X		ess Rural	9	199999
39	14. FA	THER'S NAME FIRST Freder:	ick	S	laubau	gh	15. MOTHER	S MAIDEN NAM	AAIDI	DLE	Fik	e
2		VAS DECEASED EVER	IN U.S. ARMED F	R DATES)	66 SOCIAL SECL		17 INFORM	ANT	A	DDRESS	L. BUN	
2		No			218-34-	4319	Mrs	Zeld	la Snyde	r 0a	kland,	Md.
		PART I. DEATH W	AS CAUSED BY.	JSE (0)	Acute		7.0 ca	rdiol	Infor	ction		HATE INTERVAL INSET AND DEATH
	187	Canditions, if ony,		UE TO, OR	AS A CONSEQUI	PYU SC	Terdi	tic H	eart Di	stuse	20	rears
		gove rise to imm cause (a), statin underlying couse	g the D	UE TO, OR	as a conseoui	ence of	-					
	NOI	PART 2. OTHER SIGN	NIFICANT CONDI	bs tru	itributing to	DEATH BUT	NOT RELATED	disea	INAL DISEASE OR		EN IN PART 110	hitis
9	CERTIFICATION	9a. DATE OF OPERAT	ION I	CONDITI	on for which	OPERATION	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	GS USED OF DEATH?
9	100	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	Ib. TIME OF HOUR A.M. P.M.		AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE O	FINJURY IN ITEM 18 P	PART I OR PART 2)	
1	MEDICAL	21d INJURY OCCURR	RED 21	e. PLACE OF	FINJURY T, FACTORY, OFFICE, F		211 LOCATI		CITY	OR TOWN	COUNTY	STATE
		220.1 certify that (1) saw the decease	(this hospital) of	pril	18 19 6	April 331 on	d that in (my	, 19 %	, to A	he date and hav		hat (I) (we) last
,		22b SIGNATURE	aun	-ya	ter dedin.	M.		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN []	220. DATES	9-83
1		Walt	AME (TYPE OR PRINT)	Vau	monn	MD	22e ADDRES	cider	+ M) 215	120	
	1	BURIAL, CREMATION, SPECIFY) Buria		pr.21	,1983	Eglo		CREMATORY		lon Pr	county	WV.
į	24 Ft	Hinkle	uneral	Home	Davi	s, W		AP	R 2 7 1983		2 Car	will

OHAM - 16 50M 1/81 (VRA 15, 4)

V. - Interior Tall the said the day of the said the s State of the Control maint 8861.13.cm Talman .V Appropriate acci APR 2 9 1953 Show & Could Brate word tone payed, w. death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

attending physician.

retained by the haspital ar

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-	0				

STATE OF MARYLAND

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8		0		Y

	- STATE REGISTRAR		DEPARIM		FICATE OF DEATH	REG. NO.	1 0 0	1 0		
	DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR		
ľ	TYPE OR PRINT) Shern	nan M	lichael	WHI	ITF	April 29.	1983	1:00Pm		
3.	SEX	4 RACE	renaci	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
L	Male	Whi	te	Decen	nber 23, 1903	79 YR:	MONTHS DAYS	HOURS MIN		
71	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		1		
L	Maryland	US	SA.	WIDOWE	- / (Garrett		MD.		
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION STYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR		
	0akland	112 Nor	th Eighth	Stre	eet	Mechanic	GLIFE) INDUSTRY Aut	-0		
1	SUAL RESIDENCE (IF NURSING HOME 136 CO) Md. Ga FATHER'S NAME	OR OTHER INSTITUTION		admission) N		130 STREET ADDRESS 112 North Eig	ghth Stre	1350 eet		
	FIRST	WIDDLE	LAST		FIRST	MIDDLE	CI CAS			
16	Thomas -	ARMED FORCES?	White	RITY NO	Catherin	ADDRESS	Shaff	rer		
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)				10-14- C //10) abau			
F	NO 18 CAUSE OF DEATH (Enter		1219-10-7		I Mrs. Mary 5.	Uhite, See #13	above	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)	SEPTIC		-/,		Llow			
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Conditions, if any, which gave rise to immediate cause (a), stating the Due TO OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF								
		CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART 1	0		
	DEA41	NATZON								
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDIN RTIFYING CAUSES YES [
		BEATH HOUR A	DE INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM I	18, PART 1 OR PART 2)			
	OR CONTRIBUTING CAUSE OF LE (IF EITHER, NOT IPY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	22a. I certify that (I) (t) (x) (x) (saw the deceased alive a above, (I) (yex) (did) (yix)	on 29%	yril 19	On	nd that in (my) (xxx opinion o	death occurred on the date and h		that (I) XXX lost causes stated		
ŀ	176 SIGNATURE	essi)		DEGREE ATTENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 29/83		
1	124 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	Table of the second	1 1/			
	Dr. Thom					t, Oakland, Mar	yland 2	1550		
2:	Burial, Cremation, Remova	AL 23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical exam

DHMH - 16 50M 1/76 (VR A 15 (4))

burial 5/2/83 Oakland Cemetery

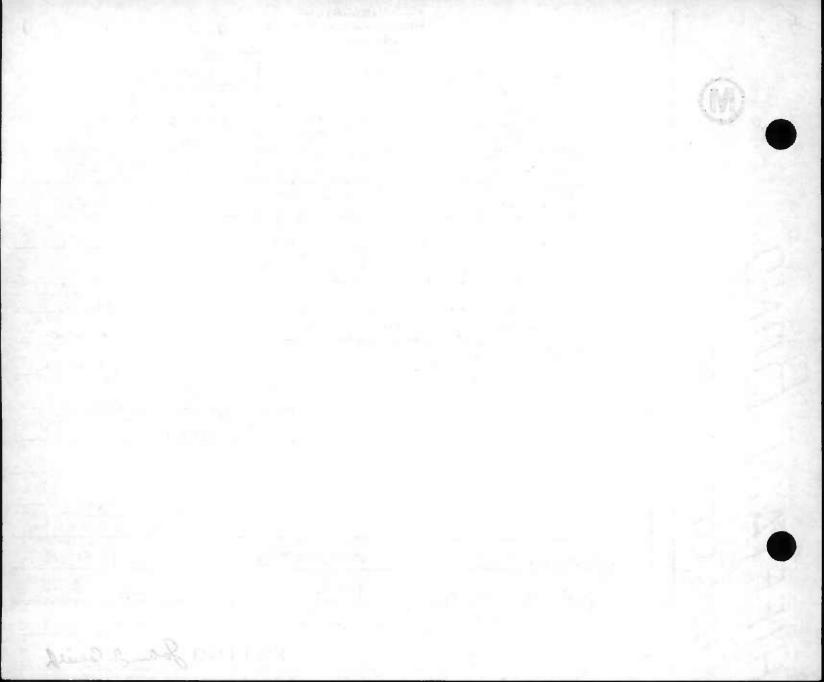
Oakland,

Garrett,

Maryland

24. FUNERAL DIRECTOR 250. DATE REC'D.

MAY 1 1 BY REGISTRAR 66. REGISTRAR'S SIGNATURE Bradley A. Stewart Oakland, Maryland 21550



STATE OF MARYLAND

